

SUPPLEMENT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54881
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
FEB 03 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-00085
Date: 2-16-15
Amount Paid: \$850
Refund: 0-16-15

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Gregory J. Hammer	Mailing Address: 943 Alexander Hudson, WI 54016	Telephone: 612-226-6312
Address of Property: 444 N. Miller Rd.	City/State/Zip: Baynes, WI 54873	Cell Phone: same
Contractor: Genuine Quality Builders	Contractor Phone: 715-226-1883	Plumber: Nick Edvardson
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-04-004-244-09-18-4-
Gov't Lot: 8+9	Lot(s): 6	CSM: 1426
Vol & Page: 8318	Lot(s) No.:	Block(s) No.:
Subdivision: Jim Miller	Lot Size: 75 acres	Acreage: 75
Section: 18, Township: 44th N, Range: 09 W	Town of: Baynes	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: 80 feet Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: \$90,000	Project (What are you applying for): New Construction	# of Stories and/or basement: 1-Story	Use: Seasonal	# of bedrooms: 1	What Type of Sewer/Sanitary System Is on the property?: (New) Sanitary	Water: <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Aleration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: Septic	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: Vented	
<input type="checkbox"/> Relocate (existing blg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (If permit being applied for is relevant to it)	Length: 20	Width: 26	Height: 22
Proposed Construction:	Length: 20	Width: 26	Height: 22

Proposed Use: <input checked="" type="checkbox"/> Residential Use	Proposed Structure: Principal Structure (first structure on property)	Dimensions: 26 x 30	Square Footage: 780
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.) with Loft		
<input type="checkbox"/> Municipal Use	with a Porch with (2nd) Deck with Attached Garage		
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		
	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
	Special Use: (explain)		
	Conditional Use: (explain)		
	Other: (explain)		

RECEIVED
FEB 16 2015
Bayfield County Zoning Dept.

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

any (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gregory J. Hammer
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

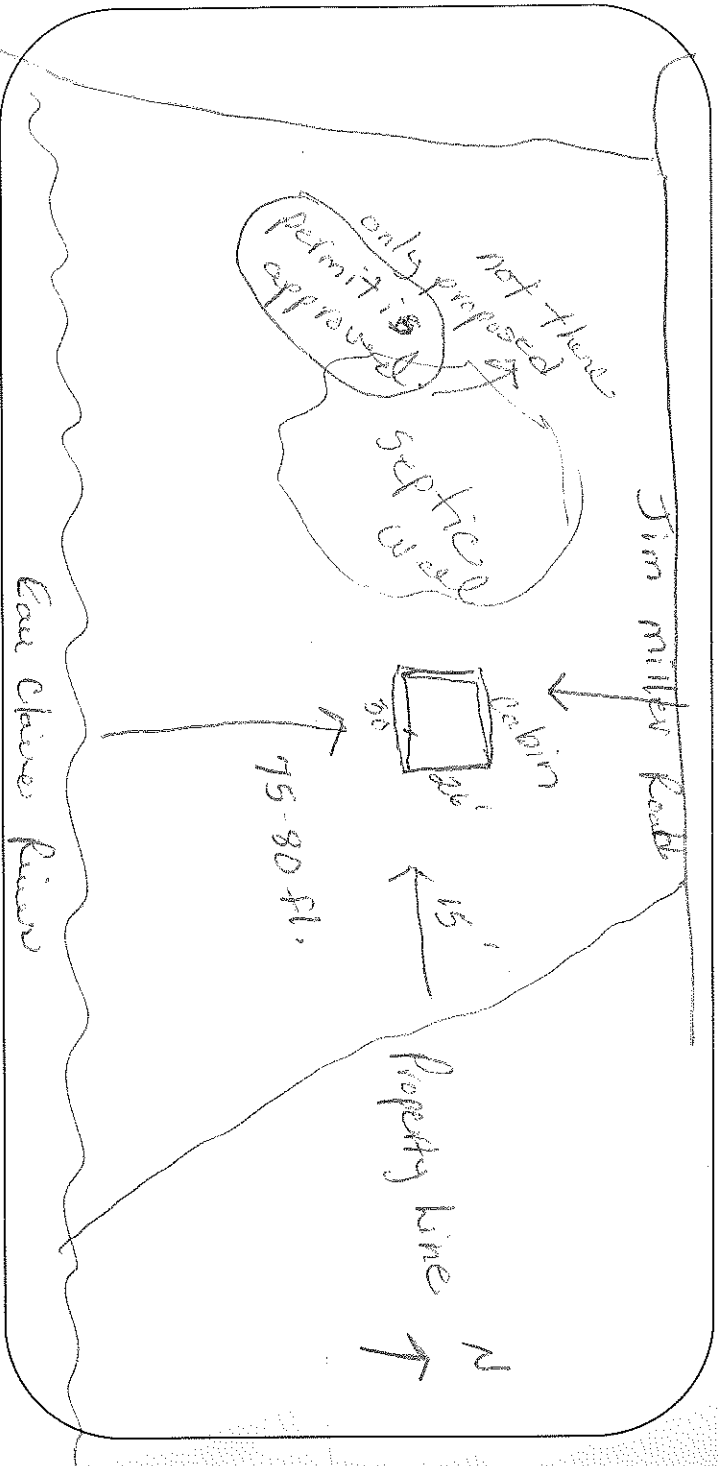
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 943 Alexander Rd. Hudson, WI 54016
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

(1)	Show location of:	Proposed Construction
(2)	Show / Indicate:	North (N) on Plot Plan
(3)	Show location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property
(5)	Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6)	Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7)	Show any (*):	(*) Wetlands; or (*) Slopes over 20%



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	110 Feet	Setback from the Lake (ordinary high-water mark)	75-80 Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	75-80 Feet
Setback from the North Lot Line	96 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	300 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	15 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20 feet	Setback to Well	NA Feet
Setback to Drain Field	20 feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Sanjay

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

37-1605

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-025	# of Bedrooms: 1	Sanitary Date: 1-9-15
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0005	Permit Date: 2-16-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No	Case #: Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: Well Staked. Met and attached.		Zoning District: (R-1) Lakes Classification: (1)		
Date of Inspection: 2-16-15	Inspected by: MM, Fuchs	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				

2012 January 23

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JAN 26 2015
Bayfield Co. Zoning Dept.

ENTERED Permit #: 15-00006
Date: 2-16-15
Amount Paid: \$75.00
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FIND OUT THIS APPLICATION (Visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Cheryl Beshoar
Address of Property: 6625 James Rd. Barnes, WI 54873
City/State/Zip: _____
Telephone: 715
Cell Phone: 795-2746

Contractor: self - 22 Construction
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: 715-952730
Agent Mailing Address (include City/State/Zip):
Plumber: _____
Plumber Phone: _____
Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
1/4, part of 1/4 Gov't Lot 3 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
Section 2, Township 44 N, Range 9 W Town of: Barnes
Recorded Document: (i.e. Property Ownership) Volume 1067 Page(s) 577
Distance Structure is from Shoreline: 165+ feet
Distance Structure is from Shoreline: 105+ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No
Acreage: .843

☒ Shoreland ☐ Non-Shoreland
☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes---continue ☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue ☒

Value at Time of Completion * include donated time & material
Project (What are you applying for)
Use
of Stories and/or basement
of bedrooms
What Type of Sewer/Sanitary System Is on the property?
Water
100% completed
1,000
☐ New Construction ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☒ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary ☐ Specify Type: ☒ Well
☐ Conversion ☐ 2-Story ☐ Basement ☐ 3 ☒ Sanitary (Exists) ☐ Specify Type: ☐ Vaulted (min 200 gallon)
☐ Relocate (existing bldg) ☐ No Basement ☒ Portable (w/service contract)
☐ Run a Business on Property ☐ Foundation ☒ None ☐ Compost Toilet

Existing Structure: (if permit being applied for is relevant to it) Length: 8 Width: 8 Height: 14
Proposed Construction: Length: 8 Width: 8 Height: 14

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
<input type="checkbox"/> with loft		(X)	
<input type="checkbox"/> with a Porch		(X)	
<input type="checkbox"/> with (2 nd) Deck		(X)	
<input type="checkbox"/> with (2 nd) Deck		(X)	
<input type="checkbox"/> with Attached Garage		(X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(X)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) Mechanical room		(8 X 8)	44
<input type="checkbox"/> Accessory Building (specify)		(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X)	
Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain)		(X)	
<input type="checkbox"/> Conditional Use: (explain)		(X)	
<input type="checkbox"/> Other: (explain)		(X)	
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

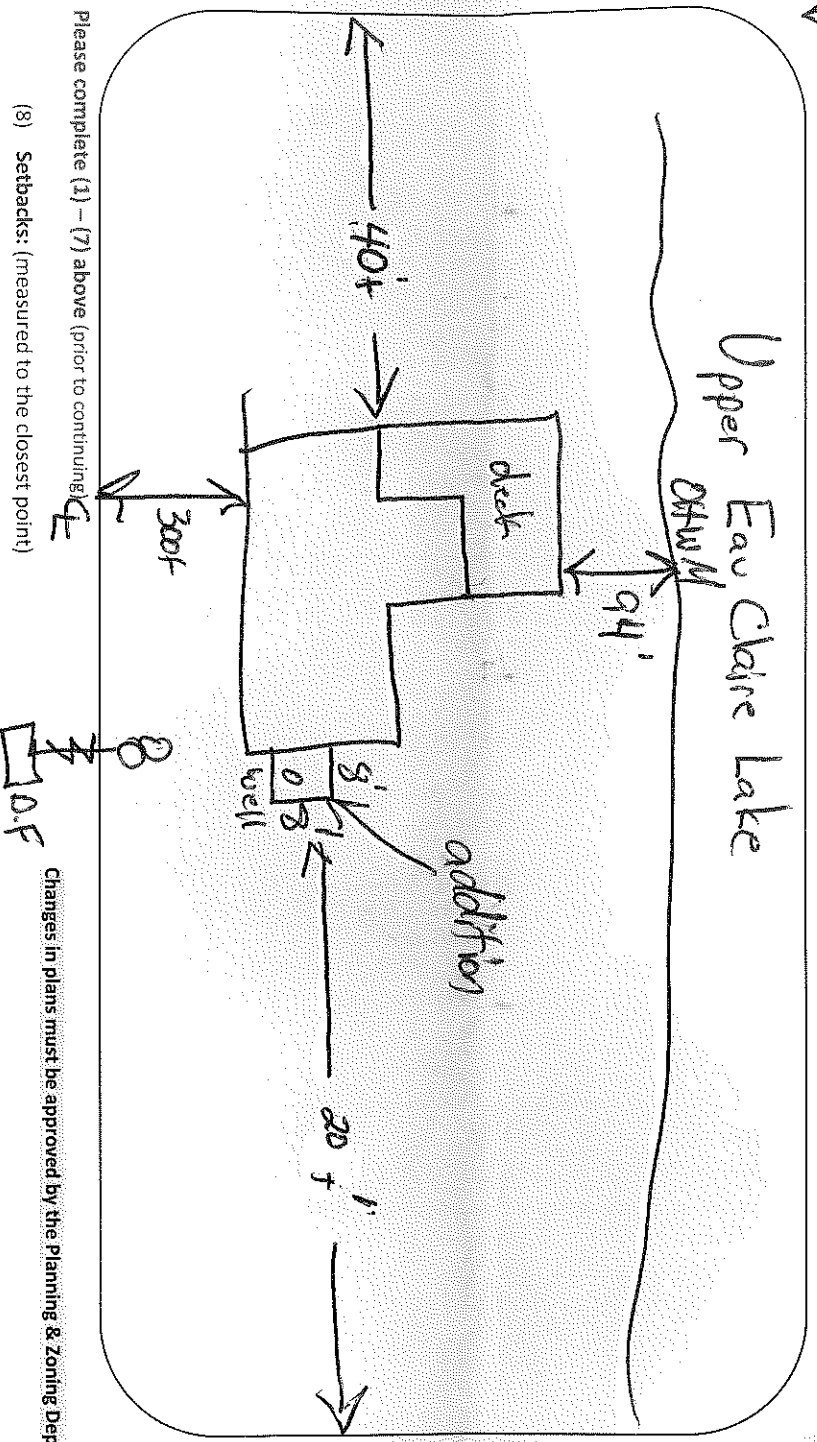
Owner(s): Cheryl Beshoar
(If there are Multiple Owners listed on the Deed All owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 12/31/14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: same as above
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
- (2) **Show / Indicate:** **North (N) on Plot Plan**
- (3) **Show Location of (*):** **(* Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) **Show:** **All Existing Structures on your Property**
- (5) **Show:** **(* Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) **Show any (*):** **(* Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) **Show any (*):** **(* Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing) **C**

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	280+	Setback from the Lake (ordinary high-water mark)	105'
Setback from the Established Right-of-Way	270+	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	250+	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	N/A	Setback from Wetland	N/A
Setback from the West Lot Line	80+	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	40+	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	30'	Setback to Well	5'
Setback to Drain Field	100+		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 13-1375	# of bedrooms: 2	Sanitary Date: 11-19-13
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0026	Permit Date: 2-16-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Miscellaneous				
Date of inspection: 2-3-15	Inspected by: M. Furtak			
Condition(s) Town Committee or Board of Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)				
Zoning District: (R-1) Lakes Classification: (1)		Date of Re-Inspection:		

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